

1201 Third Avenue, Suite 3320 Seattle WA 98101 206.442.3000 phone 206.622.2787 fax

KEVIN D. HARRIS DIRECTOR

DIRECT DIAL: (206) 292-2387

November 17, 2008

Mr. John McCraw, Chief Long Term Care Rate Development Unit State of California Department of Health Care Services 1501 Capitol Avenue, Suite 71.4001 MS 4600 Sacramento, CA 95814

Re: Long Term Care Rate Study - Agreement #06-55044 Invoice #259282

Dear Mr. McCraw:

Enclosed please find our billing for out-of-pocket expenses related to services rendered during the period October 1 through October 21, 2008 in the above referenced matter. The summary of this bill is as follows:

Professional Services Rendered

Billed Separately

Out-of-Pocket Expenses

\$582.04

Total Due

\$582.04

Fiscal Year	PCA	Index	Object Code	Agency Object		oject mbei	Work Phase
ÓB	21/4/1/	5650	4/8		-		

The budgeted project status is as follows for Fiscal Year 2008-2009:

		Budgeted Amount		Spent To-Date		Residual Amount	
•	Long Term Care Rate Study	\$ 3,200,000.00	\$	2,567,807.60	\$		632,192.40

Engagement details follow. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Kevin D. Harris

KDH/pa Enclosure

Summary of Out-of-Pocket Expenses for October 1 through October 21, 2008 Long Term Care Rate Study

	. ,	Amount
Total Direct Expenses (summary and receipts attached)	\$	12.71
Total Travel Expenses (summary, claim form and receipts attached)	\$	569.33
Total Out of Pocket Expenses	\$	582.04

Summary of Direct Expenses October 1 through October 21, 2008 Long Term Care Rate Study

Amount	\$ 12.71	\$ 12.71
Description	see receipt	TOTAL DIRECT EXPENSES
Category	Shipping	
Consultant/Vendor	Federal Express	
Date	10/9/08	



Invoice Number 2-952-00503

Invoice Date

Account Number 1799-0343-1

Page 3 of 3

Oct 14, 2008

2008

3 of

FedEx Express Shipment Detail By Payor Type (Original)

Fuel Surcharge	- FedEx has applied a fuel surcharge of count for this ship date has been calcula	Cust: Ref. 17.67.09 1. Pef. 3 27.00% to this shipment. ted based on a revenue threshold of \$ 21540.	,		
Automation	INET	<u>Sender</u>	<u>Recipient</u>		
Tracking ID	799391311378	Kevin Harris	Long Term C	are System Dev.Unit	
Service Type	FedEx Standard Overnight	Navigant Consulting, Inc.	1501 Capitol	Avenue, Ste. 71.4	
Package Type	FedEx Envelope	1201 Third Avenue	SACRAMEN	TO CA 95814 US	
Zone	05	SEATTLE WA 98101 US			
Packages	1				
Rated Weight	N/A	Transportation Charge			19.25
Delivered	Oct 10, 2008 10:22	Fuel Surcharge			2.70
Svc Area	A1	Discount			-7.51
Signed by	E.SUSBILLO	Earned Discount			-1.73
FedEx Use	000000000/0000233/_	Total Charge		USD	\$12.71
	· .		Shipper Subtotal	USD	\$36.01
		T	otal FedEx Express	USD	\$36.01

Summary of Travel Expenses October 1 through October 21, 2008 Long Term Care Rate Study

Totals	\$ 569.33	\$ 569.33
Amount	\$ 569.33	\$ 569.33
Description	Seattle-Sacramento-Seattle Subtotal	TOTAL
Claim Page	-	
Consultant	Zielinski	
Date	10/1 - 10/2/08	

See Instructions and *Privacy Statement On Reverse Side

Page 1 of

CLAIM	ANT'S NAM					SSAN OR I	EMPLOYEE	NUMBER*			DEPARTM	MENT	<u>-</u>		
POSITI	ın Zielii ION	nski		CB/ID N	IUMBER	DIVISION	OR BUREA	J					INDEX NUM	IBER	
•	ENCE ADDR	RESS				1	RTERS AD	oress Avenue	e, Sui	ite 33	320		TELEPHONI	E NUMBER 42-3()()()	
CITY			STATE	ZIP C	CODE	CITY	le, WA		,				STATE	ZIP (CODE
(T) MOI	2008	(3)	(4)	(5)	MEALS	О.Т., Ц/Т,	(6)	(7) (A)	(B)		(C)		(D)	(8)	(9)
(2) DATE	2008	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-	LUNCH	N/C, RELO. OR: DINNER	INCIDEN- TALS	COST OF	TYPE	ÇA ; T	RFARE OLLS RKING		E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES
2		Airfare Seattle-Sacramento						8SA	:			·	AMOUNT		FOR DAY
2		Hotel in Sacramento						345.00	Α .	. ,		,		:	345.00
		Taxi from Sacramento airport	95.33			· .		•						:	95.33
1		to hotel								C,	40.00	: ':	•		40.00
2		Gas for car rented by Kevin Harris						BSA 16.00	RC						16.00
2		Parking at Seattle airport	· · · · · · · · · · · · · · · · · · ·								22.00			· · · · · · · · · · · · · · · · · · ·	
	1649	Per Diem		:						. "	33.00			erra nad	33.00
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2	1819	Per Diem		6.00	10.00	; 			,	:		:		,	16.00
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(10)	SUBTO		95.33	6.00	10.00	18.00	6.00	361.00			73.00	1		•	569.33
		ODE (ACCTG USE ONLY) TOTAL					· · · · · · · · · · · · · · · · · · ·			<u>'i</u>				0.50	2.00
(11)		E OF TRIP, REMARKS, AND DETA	AILS (Attach	receipts/vo	ouchers w	hen require	ed)			·	·	(12) NOR	RMAL WORK	\$56 HOURS	9.33
Pre	sentation	to Toby Douglass discussi	ng ÄB161	29 Čost	Trend /	Analysis									
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		•		·						_					4
			FY	INDEX	OBJ ;	ALSTARS AG			 	PRÖ	J-WP	(14) MILE	AGE RATE (CLAIMED	
					:						-	***	JAWA A		
				:	İ		•						"USE	OUNTING ONLY FUND CHECK	
		CERTIFY That the above statement as in the service of the State of Calif													,
rec	inimum rate quirements ANT'S SIGI	e, I certify that the cost of operating as prescribed by SAM Sections 07	the vehicle w 50, 0751, 07	vas equal t 52, 0753, DAT	to or great and 0754	er than the pertaining (16) SIGNA	rate clain to vehicle	ned, and the safety and	nat I ha I seat t	ve me	t age.	76 I (m) 1 m		<u> </u>	·-
<u> </u>	21/	>2 IVI'		11/14/	2000			TIUER APP	KUVIN	IG IRA	v⊭L&PA\	MENT		DA	IE
17) SF	PECIAL EX	PENSE AUTHORIZATION - SIGNA	TURE AND	TITLE (Se	e item 17	in instructi	ons)						:	DA	TE

ZIELINSKI/DANIEL

**TICKET RECEIPT*

Seat	Flight	From		То		Boards	Gate	Date
	-372 L	Seattle		Sacr	amento			01ост08
	367 E	Sacramen	ito	Seat	tle			Ticket
								Date: 24SEP08
								Record
								Locator: NSNAHS
		V/	ALID AS/NON-RF	D CHNG SUR1 TO	FFF			

BASE FARE:\$301.40 TAX:\$43.60 \$345.00 USD

Port of Seattle

SeaTac International Airport P.O. Box 68727 Seattle, WA 98168 Phone: (206)-433-5308

Receipt #0378/0621/621 10/02/08 18:19

010100 pay parking ticket\$ 30.50 Parking - 10/01/08 16:49 - 10/02/08 13:19

_ength of stay: 1 Dy. 1 Hr. 30 Min. J00001 City of SeaTacTax \$ 2.50

> total amount \$ 33.00 Tax 9.00 x \$ 2.52 \$ 0.00

> > MasterCard

ZIELINSKI/DANIEL J Amount = \$ 33.00 Card Number:

Authorization Code: 90135Z

ARCO #6389 6100 Airport Rd. Sacramento Ca 95837

Invoice # 970160 Date 10/02/08 Time 02:41PM Auth # 81428Z Sequence# 815

CREDIT Acct # 3942

Pump Gallons Price 02 4.572 \$3.499

Product Amount Unlead 87 \$16.00

Total Sale \$16.00

PAYMENT FROM PRIMARY ACCOUNT

Thank you for Using ARCO Please Come Back Again!!

kw Have a nice trip ...

PASSENGER'S RECEIPT, TAXI CAB FARE

Members of the Sacramento Independent Taxi Owner's Association apreciate your business. We wish to continue to serve you in a timely, professional manner. If you have any suggestions, comments or complaints

Please call: (916) 457-4862

Look for this symbol on the windshield as your Assurance of Quality Services.

Driver's Name. SHAH Taxi Name & No. FRONTIER #33 Business Phone.

(916) 825-1876 Thank You

Date:	10/1	<u> / </u>
Fare.	40,00	
Other_		
Total	40.00	

UP TO FOUR PEOPLE CAN SHARE THE RIDE TO DOWNTOWN AREA.

FROM: SACRAMENT AT por

10: Holton blokel

Name & Address

ZIELINSKI, DANIEL 4416 SW ANDOVER ST

SEATTLE, WA 981163736

Sacramento Arden West

2200 Harvard Street • Sacramento, CA 95815 Phone (916) 922-4700 • Fax (916) 922-8418 Reservations: 1-800-HILTONS or www.sacramentoardenwest.hilton.com

Room Arrival Date

1119/K1E 10/01/088:03PM

Departure Date 10/02/08

Adult/Child Room Rate 1/0 199.00

PAYMENT DUE UPON RECEIPT

RATE PLAN HH#784997213 GOLD AL: AS #00797613 CAR:

CONFIRMATION NUMBER: 3325548315

10/02/08

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

DATE	REFERENCE	DESCRIPTION		AMOUNT	The Hilton Family
10/01/08 10/01/08 10/01/08 10/01/08 10/02/08	1521916 1522067 1522067 1522067 1522546	INTERNET CONNECTION GUEST ROOM CITY OCCUPANCY TAX TOURISM ASSESSMENT FEE MC *3942		\$9.95 \$199.00 \$23.88 \$1.35 (\$234.18)	(B) Hilton
		*	* BALANCE * *	\$0.00	CONRAD
		EXPENSE REPORT SUMM	MARY		
ROOM & TAX TELEPHONE DAILY TO	TAL	10/01/08 STAY TOTAL \$224.23 \$224.23 \$9.95 \$9.95 \$234.18 \$234.18			DOUBLETREF
					EMBASOY SUITES HOTELS
					Hampton
	Airlines for thi Hilto Thank you for	ned approximately 2611 HHonors points and a s stay. To check your earnings for this stay or choosing Hilton! Please visit us at hilton.com	any other stay at a to view our best av	ny of more than 3,000	Hilton Garden Inn
ACCOUNT NO 3942	plan a special	vacation getaway or select a convenient local	ion for your next by 10/1/2008	sinesstrip _{NO./CHECK NO.}	(#) Hilton A Grand Vacations Club
CARD MEMBER NAM ZIELINSKI,	DANIEL		AUTHORIZATION 09395Z	INITIAL	HOMEWOOD
ESTABLISHMENT NO	e Room	RSTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT Rate \$84.00	PURCHASES & SER	VICES	SUTTES fillition
Tax at	le Room 1290 m Asses	10.08 sment 1.25	TAXES		
	m Hoses	\$95.33	TIPS & MISC.		U S A
Total			1	1	(40,40,7

REMITTANCE PAGE

Please return this sheet with your payment.

Project Name: Medi-Cal Long Term Care Rate Study

Project #: 126709

Invoice #: 259282

Invoice Date: November 17, 2008

Invoice Amount: \$582.04

Please mail or overnight payment to:

Navigant Consulting, Inc. 4511 Paysphere Circle Chicago, IL 60674

or

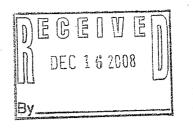
Wire your payment to:

LaSalle Bank 135 S. LaSalle Chicago, IL 60674



Thank you for your business.





1201 Third Avenue, Suite 3320 Seattle WA 98101 206.442.3000 phone 206.622.2787 fax

KEVIN D. HARRIS DIRECTOR

DIRECT DIAL: (206) 292-2387

November 14, 2008

Mr. John McCraw, Chief Long Term Care System Development Unit State of California Department of Health Care Services 1501 Capitol Avenue, Suite 71.4001 MS 4600 Sacramento, CA 95814



Re: Long Term Care Rate Study - Agreement #06-55044 Invoice #259279

Dear Mr. McCraw:

Enclosed please find our billing for professional services rendered October 1 through October 21, 2008 in the above referenced matter. The summary of this bill is as follows:

Professional Services Rendered

\$68,345

Out-of-Pocket Expenses

To Be Billed Separately

Total Due

\$68,345

Fiscal Year	PCA		Index	(ject de	Agency Object		oject nber		Work
018	21/4/1	11 5	-1615	0	4	R	01	1		1	

The budgeted project status is as follows for Fiscal Year 2008-2009:

		Budgeted Amount	_	Spent To-Date	Residual Amount
•	Long Term Care Rate Study	\$ 3,200,000.00	\$	2,567,225.56	\$ 632,774.44

Engagement details follow. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Kevin D. Harris

KDH/pa Enclosure

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

PAYMENT DUE ON RECEIPT IN U.S. DOLLARS

A LATE CHARGE OF ONE PERCENT PER MONTH WILL ACCRUE ON
UNPAID INVOICES AFTER 30 DAYS.

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814

FEDERAL TAX ID NUMBER: 36-409-4854

Agreement #06-55044 Invoice #: 259279 November 14, 2008

Attn: Mr. John McCraw, Chief

Billing Period – Professional services rendered from October 1 through October 21, 2008

Re: Long Term Care Rate Study

For professional services rendered in connection with the above matter.

Consultant	Personnel Class	<u>Level</u>	<u>Hours</u>	<u>Rate</u>	Amount
Kevin Harris	Vice President/Director	One	62	\$320	\$ 19,840
Marna Metcalf	Principal/Manager	Two	18	265	4,770
Daniel Zielinski	Principal/Manager	Two	117	265	31,005
Kate Drummond	Senior Consultant	Three	57	210	11,970
Julia Hanke	Consultant	Four	4	190	<u>760</u>
Total Professio	nal Fees				\$68,345
Plus Out-of-Po	cket Expenses			Billed	Separately
Total Due					\$68,345

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

FEDERAL TAX ID NUMBER: 36-409-4854

PAYMENT DUE ON RECEIPT IN U.S. DOLLARS

A LATE CHARGE OF ONE PERCENT PER MONTH WILL ACCRUE ON
UNPAID INVOICES AFTER 30 DAYS.

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814

Agreement #06-55044 Invoice #: 259279 November 14, 2008

Attn: Mr. John McCraw, Chief

Billing Period – Professional services rendered from October 1 through October 21, 2008

Hours By Task By Consultant Long Term Care Rate Study

Consultant/Title	Anaylsis Of LTC Data	Research	Evaluation Of Stakeholder Proposals/Positions	Evaluation Of Reimbursement Methodologies	Assist With Legislative Report Development	Assist With SPA/Regulations Development	Rate Development Application Tasks	Assist With Implementation Tasks	Litigation Assistance	Total
Harris- Vice President/Director								62		62
Metcalf-Principal/Manager							_	1.0		10
								18		18
Zielinski-Principal/Manager							5	112		117
Drummond-				•			2	- 55		57
Senior Consultant										
Hanke-Consultant								4		4
Total	0	0	20	0	0	0	7	251	0	258

REMITTANCE PAGE

Please return this sheet with your payment.

Project Name: Medi-Cal Long Term Care Rate Study

Project #: 126709

Invoice #: 259279

Invoice Date: November 14, 2008

Invoice Amount: \$68,345

Please mail or overnight payment to:

Navigant Consulting, Inc. 4511 Paysphere Circle Chicago, IL 60674

or

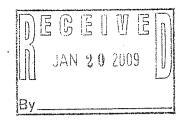
Wire your payment to:

LaSalle Bank 135 S. LaSalle Chicago, IL 60674



Thank you for your business.





1201 Third Avenue, Suite 3320 Seattle WA 98101 206.442.3000 phone 206.622.2787 fax

KEVIN D. HARRIS MANAGING DIRECTOR

DIRECT DIAL: (206) 292-2387

January 14, 2009

Mr. John McCraw, Chief Long Term Care System Development Unit State of California Department of Health Care Services 1501 Capitol Avenue, Suite 71.4001 MS 4600 Sacramento, CA 95814

Re: Long Term Care Rate Study - Agreement #06-55044 Invoice #264202

Dear Mr. McCraw:

Enclosed please find our billing for professional services rendered December 1 through December 31, 2008 in the above referenced matter. The summary of this bill is as follows:

Professional Services Rendered

\$530.00

Out-of-Pocket Expenses

11.51

Total Due

\$541.51

Fiscal Year	- PCA	Index	Object Code	Agency Object	Project Number	Work Phase
0 8	2/1/4/1/1	5650	418	0		

Mr. John McCraw, Chief January 14, 2009 Page 2

The budgeted project status is as follows for Fiscal Year 2008-2009:

				Spent To-Date		·, · ,	Residual Amount
•	Long Term Care Rate Study	\$	3,200,000.00	\$	2,568,349.11	\$	631,650.89

Engagement details follow. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Kevin D. Harris

KDH/pa Enclosure

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

FEDERAL TAX ID NUMBER: 36-409-4854

PAYMENT DUE ON RECEIPT IN U.S. DOLLARS

A LATE CHARGE OF ONE PERCENT PER MONTH WILL ACCRUE ON

UNPAID INVOICES AFTER 30 DAYS.

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814 Agreement #06-55044 Invoice #: 264202 January 14, 2009

Attn: Mr. John McCraw, Chief

Billing Period – Professional services rendered from December 1 through December 31, 2008

Re: Long Term Care Rate Study

For professional services rendered in connection with the above matter.

Consultant	Personnel Class	<u>Level</u>	<u>Hours</u>	<u>Rate</u>	Amount
Daniel Zielinski	Principal/Manager	Two	2	\$265	\$ 530.00
Total Professi	ional Fees				\$ 530.00
Plus Out-of-P	ocket Expenses				11.51
Total Due					<u>\$ 541.51</u>

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

FEDERAL TAX ID NUMBER: 36-409-4854

PAYMENT DUE ON RECEIPT IN U.S. DOLLARS A LATE CHARGE OF ONE PERCENT PER MONTH WILL ACCRUE ON UNPAID INVOICES AFTER 30 DAYS.

> Agreement #06-55044 Invoice #: 264202

> > January 14, 2009

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814

Attn: Mr. John McCraw, Chief

- Billing Period – Professional services rendered from December 1 through December 31, 2008

Hours By Task By Consultant Long Term Care Rate Study

Consultant/Title	Anaylsis Of LTC Data	Research	Evaluation Of Stakeholder Proposals/Positions	Evaluation Of Reimbursement Methodologies	Assist With Legislative Report Development	Assist With SPA/Regulations Development	Rate Development Application Tasks	Assist With Implementation Tasks	Litigation Assistance	Total
Zielinski-Principal/Manager								2		2
Total	0	0	0	0	0	0	0	2	0	2.

Summary of Out-of-Pocket Expenses for December 1 through December 31, 2008 Long Term Care Rate Study

	A	mount
Total Direct Expenses (summary and receipts attached)	\$	11.51
Total Travel Expenses (summary, claim form and receipts attached)		• • • • •
Total Out of Pocket Expenses	\$	11.51

Summary of Direct Expenses December 1 through December 31, 2008 Long Term Care Rate Study

Amount	11.51	11.51
A	()	₩
Description	see receipt	TOTAL DIRECT EXPENSES
Category	Shipping	
Consultant/Vendor	Federal Express	
Date	12/11/08	



Invoice Number

Invoice Date

Account Number

9-016-56086

Dec 16, 2008

1799-0343-1

Page 4 of 4

Payor Shipper The Earned Disco	ount for this ship date has been calcula FedEx has applied a fuel surcharge of	ted based on a revenue threshold of \$ 20718.56	Ref#24[09223	
Automation	INET	<u>Sender</u>	Recipient	
Tracking ID	797173155628	Kevin Harris	John McCraw	•
Service Type	FedEx Standard Overnight	Navigant Consulting, Inc.	CA Dept. of Health Care Servic	
Package Type	FedEx Envelope	1201 Third Avenue	1501 Capitol Avenue, Ste. 71.4	
Zone	05	SEATTLE WA 98101 US	SACRAMENTO CA 95814 US	. '
Packages	1			
Rated Weight	N/A	Transportation Charge		19.25
Delivered	Dec 11, 2008 09:45	Discount		-7.51
Svc Area	A1	Earned Discount		-1.73
Signed by	M.SHINN	Fuel Surcharge	•	1.50
FedEx Use	000000000/0000233/_	Total Charge	USD	\$11.51

REMITTANCE PAGE

Please return this sheet with your payment.

Project Name: Medi-Cal Long Term Care Rate Study

Project #: 126709

Invoice #: 264202

Invoice Date: January 14, 2009

Invoice Amount: \$541.51

Please mail or overnight payment to:

Navigant Consulting, Inc. 4511 Paysphere Circle Chicago, IL 60674

or

Wire your payment to:

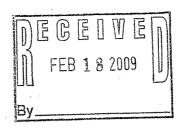
LaSalle Bank 135 S. LaSalle Chicago, IL 60674



ACH:

Thank you for your business.





1201 Third Avenue, Suite 3320 Seattle WA 98101 206.442.3000 phone 206.622.2787 fax

KEVIN D. HARRIS MANAGING DIRECTOR DIRECT DIAL: (206) 292-2387

February 11, 2009

Mr. John McCraw, Chief Long Term Care System Development Unit State of California Department of Health Care Services 1501 Capitol Avenue, Suite 71.4001 MS 4600 Sacramento, CA 95814

Re: Long Term Care Rate Study - Agreement #06-55044 Invoice #266218

Dear Mr. McCraw:

Enclosed please find our billing for professional services rendered January 1 through January 31, 2009 in the above referenced matter. The summary of this bill is as follows:

Professional Services Rendered \$265.00

Out-of-Pocket Expenses 6.39

Total Due \$271.39

		PLEASURE BENEFIT	s co	DING	}	
Fiscal Year	PCA	Index	Object Code	Agency Object	Project Number	Work Phase
0 8 2	1411	5 6 5 0	4 1 8	01		

Mr. John McCraw, Chief February 11, 2009 Page 2

The budgeted project status is as follows for Fiscal Year 2008-2009:

		Budgeted Amount	Spent To-Date		Residual Amount
•	Long Term Care Rate Study	\$ 3,200,000.00	\$	2,568,620.50	\$ 631,379.50

Engagement details follow. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Kevin D. Harris

KDH/pa Enclosure

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

FEDERAL TAX ID NUMBER: 36-409-4854

Payment due on receipt in U.S. dollars

A late charge of one percent per month will accrue on
unpaid invoices after 30 days.

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814 Agreement #06-55044 Invoice #: 266218 February 11, 2009

Attn: Mr. John McCraw, Chief

Billing Period – Professional services rendered from January 1 through January 31, 2009

Re: Long Term Care Rate Study

For professional services rendered in connection with the above matter.

Consultant	Personnel Class	<u>Level</u>	<u>Hours</u>	<u>Rate</u>	Amount
Daniel Zielinski	Principal/Manager	Two	1	\$265	\$ 265.00
Total Profess	ional Fees				\$ 265.00
Plus Out-of-l	•		6.39		
Total Due					<u>\$271.39</u>

PLEASE REMIT TO:

NAVIGANT CONSULTING, INC. 4511 Paysphere Circle Chicago, IL 60674

FEDERAL TAX ID NUMBER: 36-409-4854

Payment due on receipt in U.S. dollars

A late charge of one percent per month will accrue on
unpaid invoices after 30 days.

Department of Health Care Services Long Term Care Rate Development Unit 1501 Capitol Avenue, Room 71.4001 MS 4600 Sacramento, CA 95814

Attn: Mr. John McCraw, Chief

Billing Period – Professional services rendered from January 1 through January 31, 2009

Hours By Task By Consultant Long Term Care Rate Study

Consultant/Title	Anaylsis Of LTC Data	Research	Evaluation Of Stakeholder Proposals/Positions	Evaluation Of Reimbursement Methodologies	Assist With Legislative Report Development	Assist With SPA/Regulations Development	Rate Development Application Tasks	Assist With Implementation Tasks	Litigation Assistance	Total
Zielinski-Principal/Manager								1		1
Total	0	0	0	0	0	0	0	1	0	1

Agreement #06-55044 Invoice #: 266218 February 11, 2009

Summary of Out-of-Pocket Expenses for January 1 through January 31, 2009 Long Term Care Rate Study

	An	ount	
Total Direct Expenses (summary and receipts attached) Total Travel Expenses (summary, claim form and receipts attached)	\$	6.39	
Total Out of Pocket Expenses	\$	6.39	

Summary of Direct Expenses January 1 through January 31, 2009

	Amount	\$ 6.39
Long Term Care Kate Study	Description	see receipt
	Category	Shipping
	Consultant/Vendor	Federal Express
	Date	1/9/09

6.39

TOTAL DIRECT EXPENSES



Invoice Number

9-058-05614

Invoice Date Jan 20, 2009

Account Number

Page 3 of 5

1799-0343-1

FedEx Express Shipment Detail By Payor Type (Original)

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	COURCE	CONTRACTOR	********					<u>cia marane in occ</u>	33727331000314300		CENTEROTE MICHIGAN	

The Earned Discount for this ship date has been calculated based on a revenue threshold of \$ 20290.47 Fuel Surcharge - FedEx has applied a fuel surcharge of 7.50% to this shipment. Distance Based Pricing, Zone 5

Automation Tracking ID

INET 796244151130 FedEx Express Saver

FedEx Envelope

Service Type Package Type Zone

Packages Rated Weight

Delivered Svc Area

Jan 12, 2009 09:56 Α1

K.SEQUIRA Signed by FedEx Use 0000000000/0000832/_

1

N/A

Dan Zielinski Navigant Consulting, Inc. 1201 Third Avenue SEATTLE WA 98101 US

Transportation Charge Discount

Earned Discount

Fuel Surcharge Total Charge

Recipient

John McCraw, Chief CA Dept. of Health Care Servic 1501 Capitol Avenue, Ste. 71.4

SACRAMENTO CA 95814 US

9.90 -3.07

-0.89 0.45 USD \$6.39.

REMITTANCE PAGE

Please return this sheet with your payment.

Project Name: Medi-Cal Long Term Care Rate Study

Project #: 126709

Invoice #: 266218

Invoice Date: February 11, 2009

Invoice Amount: \$271.39

Please mail or overnight payment to: Navigant Consulting, Inc.

4511 Paysphere Circle Chicago, IL 60674

or

Wire your payment to:

Bank of America 135 S. LaSalle Chicago, IL 60674 ABA# 026009593 ACCT# 005800151127

ACH:

ABA# 071000039 ACCT# 005800151127

Thank you for your business.

Contractor:	Navigant Consulting, Inc		CONTRACT #: 06-5504					
	ropriation Amnt:	\$1,000,000		F.Y.:	08/09			
PCA Code	08-21411-5650-418-01		John McCraw					
INVOICE	INVOICE	PERIOD	AMOUNT OF	BALANCE	ASU			
RECEIVED	NUMBER	COVERED	INVOICE	REMAINING	INITIALS			
Initial appro	priation			\$1,000,000.00	dmg			
8/26/08	251131	07/01/08-07/31/08	\$87,680.00		ihc			
9/19/08	253487	08/01/08-08/31/08	\$116,740.00		ihc			
10/15/08	256222	09/01/08-09/30/08	\$124,920.00		ihc			
12/16/08	259279	10/01/08-10/21/08	\$68,345.00		ihc			
12/16/08	259282	10/01/08-10/21/08	\$582.04		ihc			
1/20/09	264202	12/1/08-12/31/08	\$541.51		jhc			
2/18/09	266218	01/01/09-01/31/09	\$271.39		ihc			
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